

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF LOUISIANA

CIVIL ACTION

Plaintiff

versus

NO. _____

Commissioner of Social Security

COMPLAINT

The above-named plaintiff makes the following representation to this court for the purpose of obtaining judicial review of a decision of the defendant adverse to the plaintiff:

1. The plaintiff is a resident of _____ (City), _____ (State) and has a Social Security number ending in the last four digits ***-**-____.

2. The plaintiff complains of a decision which adversely affects the plaintiff in whole or in part. The decision has become the final decision of the Commissioner for purposes of judicial review and bears the following caption:

In the case of

Claim for

(Claimant) _____

(Wage Earner) ***-**-____ (last four digits of Social Security No.)

3. The plaintiff has exhausted administrative remedies in this matter and this court has jurisdiction fo judicial review pursuant to 42 U.S.C. 405 (g).

WHEREFORE plaintiff seeks judicial review by this court and the entry of a judgment for such relief as may be proper, including costs.

Date

Signature

Printed Name

Street Address

City, State, Zip Code

Telephone Number

UNITED STATES DISTRICT COURT

for the

Middle District of Louisiana

Plaintiff(s) v. Civil Action No. COMMISSIONER OF SOCIAL SECURITY Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) COMMISSIONER OF SOCIAL SECURITY THROUGH TINA M. WADDELL, REGIONAL COUNSEL SOCIAL SECURITY ADMINISTRATION 1301 YOUNG STREET SUITE 430 DALLAS, TX 75202

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date:

Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____ .

I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____ , who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____ ; or

I returned the summons unexecuted because _____ ; or

Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the

Middle District of Louisiana

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)	
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)	
_____)	
<i>Plaintiff(s)</i>)	
v.)	Civil Action No.
)	
)	
)	
COMMISSIONER OF SOCIAL SECURITY)	
_____)	
<i>Defendant(s)</i>)	

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) COMMISSIONER OF SOCIAL SECURITY THROUGH UNITED STATES ATTORNEY GENERAL UNITED STATES DEPARTMENT OF JUSTICE 950 PENNSYLVANIA AVENUE., N.W. WASHINGTON, DC 20530

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. _____

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on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*:

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Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the

Middle District of Louisiana

Plaintiff(s) v. COMMISSIONER OF SOCIAL SECURITY Defendant(s) Civil Action No.

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) COMMISSIONER OF SOCIAL SECURITY THROUGH UNITED STATES ATTORNEY MIDDLE DISTRICT OF LOUISIANA 777 FLORIDA STREET SUITE 208 BATON ROUGE, LA 70801

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

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Signature of Clerk or Deputy Clerk

Civil Action No. _____

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Additional information regarding attempted service, etc: